



238415

## Complaint Form

Print

Date: 8/17/2012

**Complainant or Legal Representative Information:** \* Required Fields

Name \* Dean Cline  
Firm (if applicable) \_\_\_\_\_  
Mailing Address \* 6011 Lanai Lane  
City, State Zip \* Tega Cay, SC 29708 Phone \* 803-517-8202  
E-mail \* deanrcline@gmail.com

**Name of Utility Involved in Complaint:** \* Utilities, Inc. - Tega Cay Water Service - Docket 2012-177-WS

NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.

**Type of Complaint (check appropriate box below.) \***

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments                                    | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate    | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service                                     | <input type="checkbox"/> Payment Arrangements              | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue       |
| <input type="checkbox"/> Service Issue  | <input type="checkbox"/> Meter Issue                       |  |   |
| <input checked="" type="checkbox"/> Other (be specific) <u>Proposed Rate Increase</u> |  |  |   |

**Have you contacted the Office of Regulatory Staff (ORS)?** \* ☐ Yes ☒ No **Name of ORS Contact:** \_\_\_\_\_

**Concise Statement of Facts/Complaint:** \* (This section must be completed. Attach additional information to this page if necessary.)

The company has been awarded rate increases in the past. They should have been allocating adequate funding to properly maintain the system while providing the means to maintain a reasonable rate structure. Their residential rates have been higher than nearly all other public water systems in the York County area for similar services. The rate increase request is completely unreasonable and out of line, especially in consideration of current general economic circumstances for their customers.

**Relief Requested:** \* (This section must be completed. Attach additional information to this page if necessary.)

Deny the rate increase request.

STATE OF SOUTH CAROLINA )

COUNTY OF York )

I, Dean Cline  
Complainant's Name \*

### VERIFICATION

verify that I have read my complaint filed on 8/17/2012

and know the contents thereof, and that said contents are true.

Dean Cline  
Complainant's Signature \*

Internal Use Only

Processed By	Date
H.E.	